



FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 216-06		OMB Approval No. 0348-0038	Page of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Nushagak Cooperative PO Box 350 Dillingham, AK 99576					
4. Employer Identification Number 92-0177246		5. Recipient Account Number or Identifying Number 0267569		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) April 1, 2006		9. Period Covered by this Report From: (Month, Day, Year) December 31, 2007		To: (Month, Day, Year) October 1, 2006	
				To: (Month, Day, Year) December 31, 2006	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0.00	
b. Recipient share of outlays				0.00	
c. Federal share of outlays		151,857.91	37,369.60	189,227.51 0.00	
d. Total unliquidated obligations				-0-	
e. Recipient share of unliquidated obligations				-0-	
f. Federal share of unliquidated obligations				-0-	
g. Total Federal share(Sum of lines c and f)				189,227.51 0.00	
h. Total Federal funds authorized for this funding period				1,368,627.00	
i. Unobligated balance of Federal funds(Line h minus line g)				1,179,399.49 0.00	
11. Indirect Expense					
a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Debra Nielsen, Senior Accountant			Telephone (Area code, number and extension) 907-842-6322		
Signature of Authorized Certifying Official 			Date Report Submitted January 29, 2007 NOV 28 2006		

